

Submit 3 Copies to Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

WELL API NO. 30-025-38515
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Jelly Belly 12 State
8. Well Number 1
9. OGRID Number 299137
10. Pool name or Wildcat <i>Reeves</i> <i>Wildcat, Strawn (Oil) Penn</i>

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
COG OPERATING LLC

3. Address of Operator
550 W. Texas, Suite 1300, Midland, TX 79701

4. Well Location
Unit Letter L : 1980 feet from the South line and 330 feet from the West line
Section 12 Township 18S Range 35E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3890' GR

Pit or Below-grade Tank Application ☒ or Closure ☐

Pit type OPEN Depth to Groundwater <50' Distance from nearest fresh water well >1000' Distance from nearest surface water >1000'

Pit Liner Thickness: 12 mil Below-Grade Tank: Volume 35,000 bbls; Construction Material synthetic

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Completion</u> <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1-11-07 Perf Strawn w/ 4 SPF @ 11,084' - 11,096' (12'). 49 holes.
1-15-07 Acidize w/ 5000 gallons acid. Swab well.
1-22-07 Frac w/ 600# Propant. Swab well.
1-30-07 RIH w/ tbg & set tbg @ 11,029'.
1-31-07 RIH w/ pump & rods. Turn to production.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Phyllis A. Edwards TITLE Regulatory Analyst DATE 2/27/07

Type or print name Phyllis A. Edwards E-mail address: pedwards@conchoresources.com Telephone No. 432-685-4340
For State Use Only

APPROVED BY: [Signature] TITLE _____ DATE MAR 22 2007
Conditions of Approval (if any): _____